1500

R-16019 (7/02) CR 1

State of Louisiana Department of Revenue P.O. Box 201 Baton Rouge, LA 70821-0201

Date of application _	
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Fo	r off	ice use only.			Appl	ication	fo	r Louisiana	Tax Ni	um	ber										
		1.4	A.					Withholding				Ve	hicle	e Re	enta	ıl Ex	cis	e			
								Beverage	E. 🔾	Oth						,		•			
		print or type all in	formatio									ompl	ete a	an a	pplic	atio	n for	a s	ales		
2.		ason for applying		☐ Sta	arted r	new busine	ess	C. 🗖	Other (sp	ecif	v)										
		117 3						ness: Name of p		-											
3.	Α.	If you are presen										siness	s, ple	ase	indi	cate	the	acc	ount		
	number you use for each tax.																				
		LA Corp. Tax Number None 🗆 LA Sales Tax Number None 🖵										LA Withholding Tax Number None									
	В.	How many other	location	ns in LA C. Telephone number at business ()																	
4.	A. Legal name(s)																				
		Individual, partners, or corporation																			
	B.	Trade name of bu	usiness																		
5.	Α.	Business location	n addres	SS																	
	_	(Street, route, or highway	/ – NOT P.O	D. Box or	General [Delivery)															
		City and state		,								C. Z	IP.								
6.	Α.	Address for recei	IVING tax e "Same.")	x torms	s and o	correspond	aen	ce													
	В.	City and state						C. ZIP	D. Tele	epho ation		nber i	f diffe	eren	t fro	m nı	umb	er a	t		
7.	Typ	e of organization: A	A 🔲 Indi	ividual	в) Partnersh	nin	C. Corporat			vernme	ntal	E. (□ N	onnr	ofit	F		ther		
•	.,,,	o or organization.	🗕a.	ividual	J	- 1 414101011		o. <u> </u>	.0 2						onp.		٠				
8.		deral Standard				1			al Emplo	yer							1	None			
	Industrial Code if known ID Number										Щ			\perp	+	\perp	<u> </u>		_		
10.	If s	ole owner (individ	ual): Na	ame							SSN										
	Hor	me address									Tele	phone	9								
11.		orporation or	Name					Title			SSN	l							T		
		tnership: name,	Address								001								<u> </u>		
		e, Social Security mber, home	Address	•	•						Tele	Telephone									
	address, and				Title						SSN	INDE									
	tele	phone number of	Address													Ш					
	offi	cers or partners	Address								Tele	phone	Э								
12.	A.	Louisiana Charte	er Numb	er (if k	(nown)		В.	State of i	ncor	poratio	n if no	ot Lo	uisia	ana						
13.		mits – If you sell li																			
		ntrol. If you now holister with the Depa																			
																pen	iiit. i	ı you	1 2611		
		ottery tickets or have video poker games, you must obtain a permit from the Louisiana State F A. Lottery B. Expiration Month											_								
									·												
		VPG																			
14.	Α. (Corporation Income							y of State	Mo.	Day Yr	B.Do	omestic	F	oreig	n (Fisc	al Mo	nth		
15.	Sal	es/NOEHA/Veh. R	ental: D	Date bu	usines	s begins o	per	ation from this I	ocation					<u> </u>							
16. Sales or Use Tax: Date business begins operation from this location												OF	FICE	USE	ONL	Y: B(;				
17. *Withholding Tax: (See instructions.) Select filing frequency. □ quarterly □ monthly □ semi-monthly																					
		scribe in detail you						· · · · · · · · · · · · · · · · · · ·													
		·						·													
				1																	
I affirm that the information												Title									
		n this application		Signati	Signature of preparer						Date										
and correct.					organica of property																